



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
YOUTH COMMUNITY CORRECTIONS BUREAU**

JUVENILE PAROLE IN-STATE TRAVEL PERMIT

DATE: _____

NAME: _____ **Youth ID:** _____

DESCRIPTION: _____ **DOB:** _____ **RACE:** _____ ☐ MALE ☐ FEMALE
HAIR: _____ **EYES:** _____ **HEIGHT:** _____ **WEIGHT:** _____

NAME AND ADDRESS OF DESTINATION: _____

RELATIONSHIP: _____

PURPOSE OF TRIP: _____

DATE LEAVING: _____ **DATE RETURNING:** _____

REPORTING INSTRUCTIONS: _____

ACCOMPANIED BY: _____ **RELATIONSHIP:** _____

METHOD OF TRAVEL: _____

LICENSE NUMBER OF VEHICLE: _____

**PREVIOUS
OFFENSES:** _____

**EXPIRATION OF
SUPERVISION:** _____

SUPERVISION LEVEL: ☐ Maximum ☐ Medium ☐ Minimum

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my Parole, and to travel only to the location designated above. If I should be arrested upon a warrant or order from Montana during the period of this trip, I have signed a **waiver of extradition** in Montana and will not resist being returned to Montana. Any changes that are needed must have prior written approval from my parole officer.

Approved by: _____ **Client's Signature** _____

Officer Name: _____

Title: _____

Address: _____

Phone Number: _____

Report back or call the above officer by: _____